Accountable Care Collaborative Program
Statewide Program Improvement Advisory Committee
16 July 2014

These are the meeting minutes from the tenth community meeting to discuss the RCCO RFP. These stakeholder meetings are a collaboration of the Colorado Health Institute, the Colorado Department of Health Care Policy and Financing, clients, the Region, providers, advocates, and interested members of the public. The meeting took place at the Colorado Department of Health Care Policy and Financing on July 16, 2014.

PIAC Meeting in Denver.
Location: Colorado Department of Health Care Policy and Financing, 303 E. 17th Ave, Denver, CO 80203

Attendee list: Adam Bean, Anita Rich, Aubrey Hill, Brandi Nottingham, Brenda L. VonStar, Carol Plock, Carolyn Shepherd, Chet Phelps, Chet Seward, Christine Savoie, Dave Myers Donald Moore, Donna Mills, Elisabeth Arenales, Elizabeth Baskett, Emily Johnson, Ethel Smith, George O'Brien, Jean Sisneros, Jeff Bontrager, Joan Levy, Joe Rogers, Julie Holtz, Karen Thompson, Kathryn Jantz, Kathy Osborn, Katie Brookler, Katie Mortenson, Kelley Vivian, Kevin J.D. Wilson, Laura Keele, Leah Jardine, Leroy Lucero, Lisa Melby, Lori Roberts, Marceil Case, Mark Queirolo, Marty Janssen, Matthew Lanphier, Mona Allen, Pam Doyle, Polly Anderson, Rachel DeShay, Rick G. Spurlock, Shari Repinski, Susan Mathieu, Todd Lessley, Tom Hill, Wendy Spirek

ITEM #	ISSUE	DISCUSSION
1	**Introductions**	Leah Jardine introduced PIAC members, Department staff, and attendees. PIAC conducted opening business.
2	**Discussion of RFP**	• Dave Myers introduced Kevin J.D. Wilson of HCPF's ACC Strategy Unit. • Kevin J.D. Wilson discussed the RCCO re-procurement timeline, and opportunities for those in attendance to become involved in the process. He discussed the upcoming Request for Information (RFI) process and asked for additional input before the release of the document.

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		• Kevin J.D. Wilson introduced Dustin Moyer of HCPF's Program Innovation Section who then led a discussion with PIAC and those in attendance as to the role that care coordination responsibilities should play in the forthcoming RCCO RFP. • Dustin Moyer provided an overview of the RCCO's care coordination responsibilities from the previous RFP. **Care Coordination Section from <u>Original</u> RCCO RFP** **Medical Management and Care Coordination** Among the primary functions of the RCCOs will be care coordination and medical management, two key components often lacking in the FFS model. Generally, the current system of care is fragmented and difficult for Clients to navigate. Additionally, within the Medicaid population there is a prevalence of medically and behaviorally complex Clients who require focused case management efforts and interventions to ensure that they are getting the right care, in the right order, at the right time, and in the right setting. Care coordination efforts extend beyond physical health to include efforts to link to resources available in behavioral health, long-term care, social services, criminal justice, and public health systems. The Department recognizes that healthy lifestyles contribute tremendously to better health outcomes. The use of community health educators who reinforce healthy lifestyles, promote medication adherence, and empower Members to interact with the health care system, is another element that RCCOs should consider in their models. The health promotion and education function may be a separate skill or incorporated into a care coordinator's expectations. Some Members may benefit from intensive case management. The RCCO may employ various predictive modeling, risk stratification, claims based triggers, or other approaches to identify those Members who would benefit from more intensive case management. RCCOs are expected to help Members navigate the system, facilitate and enhance communication between Members and providers and between providers themselves, and coordinate with providers and Members to ensure high-quality medical management services are provided.

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		Innovations in care management such as group visits, cell phone reminders, patient activation and motivational interviewing are welcomed for consideration. Transitions of care represent a particular area of vulnerability for Clients. The RCCO will ensure continuity of care during transitions from institutional settings (such as hospital, nursing home, inpatient psychiatric care) to home or community-based settings. The RCCO will also assist with other transitions (for example, moving from children's health services to adult health services, moving from hospital or home to nursing care) that require active coordination to maintain effective care for Members. At its discretion, the RCCO may choose to delegate certain RCCO care coordination and medical management responsibilities to high-performing PCMPs that have demonstrated they have the necessary systems in place. • Dustin Moyer asked the group to consider how it defines care coordination, and what services should be coordinated by the RCCOs. • Comment: Discussed strategies that have worked regarding care coordination, and suggested that the strategy selected by the Department should be evidence-based. • Comment: There is a need for evidence-based models. • Comment: The payment reform model should be balanced and should not shift the fee-for-service model between practitioners. • Comment: Importance of panel stratification. The 3-tier system was given particular attention. • Comment: The Department "needs to be practical and that some care coordination is wasteful" and should therefore not be used for everyone. She also suggested that the care coordination model developed by the Department should be more prescriptive. • Comment: Too much prescription can hinder the delivery model and that "regions need latitude in deciding how services are delivered." • Comment: Don't impose care coordination on providers; the Department should be sensitive to their systems.

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		• Question: What incentives should there be to have specialists and hospitals participate? • Comment: Suggestion that the Department needs to think about providers who deal with multiple RCCOs and should decide who they are going to give the flexibility to. "The Department should allow RCCOs latitude to do what they need to do." • Comment: RCCO 3's care coordination contracting has been very non-specific and purposefully vague to allow providers freedom to develop their own models. • PIAC discussed the need for defining a minimum level of care coordination and for standardizing EMR / EHRs whenever possible. • Comment: Ambiguity is actually important, but the Department should have an eye towards what the end is. That there is a concern that patients will not know who to turn to. • Question: How it is that we can have care coordination with so many who don't have medical homes? • Comment: The initial assessment should be based on what the client's needs are. • Question: Does 100% of the population actually needed care coordination? HCPF needs to define what the goal of care coordination is prior to developing standards for the types of coordination required. • PIAC discussed alignment with SIM and the importance of real-time data, as well as SUD services and the differences in coordinating care for those services across the physical health / behavioral health divide. • The Committee discussed the need to develop specific requirements for particular populations, including for medically-complex children, parolees, and those involved in the criminal justice system. • Members of the Committee asserted that systems needs to track the needs that are not being met.

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		• Comment: We should note the importance of quick and reliable data to coordinated care. Transparency of data (insight into metrics and methodologies) was also noted as an important. • Comment: The State should "not strive for short-term goals. Move on those 'at risk' clients. Focusing all your effort on high utilizers because cost is such a priority" may not be the best route. • Comment: RCCOs and the Department need to put money into evaluation. It's necessary to gauge return-on-investment and, when possible, pay on this. • Comment: It's important to share best practices about where to intervene as those best practices are identified. Take a public health perspective and incent the right balance. Think about the next several years' successes and threats. Population stratification is necessary. Resources are not abundant. Manage blood pressure, manage LDL, but don't be prescriptive about things that we don't yet know about.
3	**Closing Remarks**	Attendees were thanked for their participation. Those in attendance were welcomed to send additional comments and questions to **RCCORFP@state.co.us** The statewide meeting of the ACC PIAC proceeded to finalize other business and was subsequently adjourned.